

ECS Configuration Change Request

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CCR No. 97- 1011	Logged Date 6/26/97	Rev. -	Request Type CCR	
Priority Routine <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input type="checkbox"/>	Affected Release B		Change Class II	
Title (description) Establish NSIDC DAAC Release B.0 System Infrastructure Assignments				
Documents Affected None		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference None		
RTM Change <input type="checkbox"/>		Start New Baseline <input type="checkbox"/>		
Problem Establish NSIDC DAAC Release B.0 Infrastructure Assignments needed for site installation.				
Proposed Solution Review and approve file containing: 1. NSIDC DAAC Release B.0 System Infrastructure Assignments				
Impact Analysis: Organizations Affected: Procurement <input type="checkbox"/> BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ECS Chief Eng <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/> Science Off <input type="checkbox"/> QO <input type="checkbox"/> Rel. Dev <input checked="" type="checkbox"/> Rel. A <input type="checkbox"/> Rel. C <input type="checkbox"/> SCDO Arch. <input type="checkbox"/> Security <input type="checkbox"/> Subcontract <input type="checkbox"/> Sys. Eng <input type="checkbox"/> Sys Verf Acpt <input type="checkbox"/>				
Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000)(\$100,000 to \$500,000) (Over \$500,000)				
Schedule: None <input type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____				
Originator C. Van Steenberg, Const. Ofc. _____ Signature _____ Date _____ Office Const. Mgr. _____ Office Manager Chip Schwartz Signature _____ Date _____				
Disposition Approved <input checked="" type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> CCB Chairperson Ramsey Billups Signature _____ Date _____				

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